

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15		/					65						
16	/						66						
17		/					67						
18		/					68						
19	/						69						
20		/					70						
21		/					71						
22	/						72						
23	/						73						
24	/						74						
25	/						75						
26		/					76						
27	/	/					77						
28	/	/					78						
29		/					79						
30		/					80						
31	/						81						
32		/					82						
33		/					83						
34		/					84						
35	/						85						
36		/					86						
37	/						87						
38		/					88						
39		/					89						
40		/					90						
41	/	/					91						
42		/					92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	21						TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						